

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-025815

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

6921

STATE FILE NUMBER

FILED JUL 12 1963

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

St. Louis

Length of stay in 1b-

40 yrs

c. FULL NAME OF (If NOT in hospital, give location)

Peoples Hospital

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Mo.

b. COUNTY

c. CITY OR TOWN

St. Louis

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

3137 Bell Ave.

(If outside, give location)

Reside on Farm

Yes ☐ No ☐

3. NAME OF DECEASED (Type or print)

First JULIA

Middle C.

Last DIX

4. DATE OF DEATH

Month June

Day 29

Year 1963

5. SEX

Female

6. COLOR OR RACE

Col

7. Married ☒ Never Married ☐

Widowed ☐ Divorced ☐

8. DATE OF BIRTH

2-22-1895

9. AGE (last birthday)

68

IF UNDER 1 YEAR

Months R Days 7 Hours Min.

IF UNDER 24 HR

AMENDMENTS-ON THIS RECORD, ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Bleeding hemorrhoids

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED

WHILE AT WORK ☐

NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

Death occurred at

6/14/63 to 6/29/63

and last saw her alive on 6/29/63

at

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Name or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

7-3-1963

23c. NAME OF CEMETERY OR CREMATORY

Washington Park

23d. LOCATION (City, town, or county)

St. Louis Co Mo.

24. FUNERAL DIRECTOR

ADDRESS

JAS. H. RANDLE & SON

3133 Bell Ave.

25. DATE RECD. BY LOCAL REG.

JUL 2 1963

26. REGISTRAR'S SIGNATURE

Loan Smith, M.D.

USE BLACK INK
OR
TYPEWRITER RIBBON

ITEM NO. SHOULD READ

BY AFFIDAVIT OF

VS 300
Rev. 4/59

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Ester J. Harris

Licensed Embalmer No.

4458

P. O. Address

4181 Washington

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.